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Revision	J - August 2026	Applies to	All Dottie Tots Nursery School sites

Safer Sleep and Rest Policy



Safe sleep, responsive rest and effective supervision

1. Policy statement

Dottie Tots Nursery School provides safe, individual and developmentally appropriate opportunities for sleep and rest. Children's individual routines and family preferences are respected only where they are consistent with the Early Years Foundation Stage (EYFS), current safer-sleep guidance and the child's safety. Statutory safer-sleep requirements take precedence over parental preference, cultural practice or convenience.

This policy applies whenever a child sleeps or rests while in our care, including in baby rooms, main play rooms, during outings and transport, and during exceptional or emergency arrangements.

NON-NEGOTIABLE SAFE-SLEEP RULES

- Every child under two is placed down on their back in their own separate sleep space on a firm, flat surface.
- A baby aged 12 months and under sleeps only in a cot, carrycot, Moses basket or travel cot - never in a coracle, floor bed, sleep pod, nest, beanbag, sofa, chair, car seat or pushchair as their sleep space.
- A baby under six months has an adult in the same room for every sleep.
- Every sleeping child remains within sight and hearing of staff at all times and is frequently checked.
- A child's head and face remain uncovered; cots contain no pillows, toys, bumpers, loose bedding, wedges, straps or other extra items.
- A parent cannot consent to an arrangement that does not meet the EYFS.

2. Legal and guidance framework

This policy has regard to:

- Statutory Framework for the Early Years Foundation Stage: group and school-based providers, effective 1 September 2026 - particularly paragraphs 3.80-3.86.
- Department for Education, Safer sleep: Help for early years providers, updated August 2026.
- NHS guidance on sudden infant death syndrome (SIDS).
- The Lullaby Trust safer-sleep guidance.
- Ofsted early years inspection toolkit, operating guide and inspection information for use from September 2026.
- Manufacturer instructions, relevant product testing and setting-specific risk assessments.

3. Responsibilities

- The Registered Provider and Leadership Team ensure that premises, staffing, equipment, training, policies and assurance arrangements meet the EYFS.
- The Nursery Manager implements this policy at site level, approves equipment and individual sleep plans, maintains safety evidence and audits practice.
- Room Leaders deploy staff safely, confirm daily environmental and equipment checks, and address any unsafe practice immediately.
- All staff follow each child's current sleep plan, maintain supervision, complete records accurately and immediately report concerns, incidents or changes in a child's condition.

- Parents and carers provide accurate, current information about their child's sleep, health and development and tell us promptly about any change.

4. Individual sleep and rest planning

Before admission, and whenever needs change, the key person obtains and records:

- the child's usual sleep pattern, cues, settling approach and approximate duration;
- age, developmental stage and ability to change position independently;
- health conditions, prematurity, low birthweight, medication, allergies, SEND or professional advice relevant to sleep;
- agreed bedding or sleep-bag arrangements and any comforter permitted for a child over 12 months; and
- how sleep information will be shared with the family.

The plan is a guide, not a reason to keep a tired child awake or force a child to sleep. Staff respond to the child's cues and welfare. Plans are reviewed following absence, illness, a developmental change, an incident or a request from the family.

5. Approved sleep spaces and equipment

Child	Permitted main sleep space	Controls
12 months and under	Cot, carrycot, Moses basket or travel cot only.	Use a product suitable for the child and follow its instructions. Floor beds, coracles and sleep pods are prohibited.
Over 12 months to under 2 years	Cot, suitable bed, suitable mattress on the floor, or an approved coracle/floor bed.	A firm, flat, separate sleep space is required. Use only within the manufacturer's age, weight and developmental criteria and following a written setting risk assessment.
2 years and over	Suitable cot, bed, sleep mat or mattress appropriate to the child.	Position safely, maintain sight and hearing, and follow manufacturer instructions and the child's assessed needs.

6. Preparing the sleep environment

- The sleep area is calm, well ventilated, uncluttered and arranged so every child can be seen and heard and staff can reach each child immediately.
- Sleep spaces are positioned away from radiators, heaters, direct sunlight, blind cords, electrical leads, shelves, hanging items and other entrapment, strangulation or overheating hazards.
- Routes, doors and fire exits remain clear. The number and positioning of sleep spaces must not compromise ratios, usable space or emergency evacuation.
- The recommended room temperature for babies aged 12 months and under is 16-20°C. Temperature is monitored and recorded; staff use professional judgement in extreme weather and check the child's chest or back of neck, not hands or feet.
- Screens, ceiling projections and screen-based content are not used to settle children or within one hour of sleep. Quiet audio may be used only if it does not mask children's sounds or interfere with monitoring.

7. Positioning, bedding and temperature

- Every child under two is placed down on their back. A baby who can independently roll from back to front and back again may find their own position; staff continue to place them down on their back and do not use equipment to hold them in position.
- Each child has their own separate sleep space with a firm, flat, waterproof mattress.
- Lightweight bedding is firmly tucked no higher than the shoulders. When a blanket is used in a cot, the child is placed feet-to-foot at the bottom of the cot.
- Alternatively, a correctly sized, well-fitted sleep bag of a suitable tog may be used strictly in line with the manufacturer's instructions. No additional blanket is added unless the manufacturer expressly permits it.
- Cots contain no toys, pillows, cot bumpers, loose or extra bedding, duvets, weighted bedding, nests, pods, wedges, positioners, straps or hot-water bottles. A sleep comforter may be considered only for a child over 12 months following risk assessment.
- Children's heads and faces remain uncovered. Bibs, hooded clothing, hats, outdoor clothing and unnecessary layers are removed before sleep.

- Staff act immediately if a child is hot, cold, clammy, unusually pale or flushed, breathing differently, difficult to rouse or otherwise unwell.

8. Supervision and recorded checks

CONTINUOUS SUPERVISION AND RECORDED CHECKS ARE BOTH REQUIRED

- Every sleeping child must remain within sight and hearing of staff at all times.
- A baby under six months must have an adult in the same room throughout every sleep.
- A functioning audio-and-video monitor may support supervision for children over six months, but it never replaces staff vigilance or physical checks.
- A named member of staff is responsible for the sleep area at all times, with a clear handover if responsibility changes.
- A close physical and visual check is completed and recorded at intervals not exceeding 10 minutes. Checks are more frequent where the child's age, health, sleep pattern, environment or risk assessment requires it.

Staff do not rely on movement mats, monitors or cameras to determine wellbeing. Ratios are maintained throughout. Sleep records must be contemporaneous and must never be completed retrospectively or in advance.

At each check, staff observe the child's breathing, sleep position, skin colour, temperature and general wellbeing and confirm that the child's face and head remain uncovered and that their bedding, clothing and sleep space remain safe.

The sleep record will show the child's name, sleep start and finish times, the time of each check and the staff member's initials. Any concern, change or action taken must be recorded in full and escalated immediately.

9. Settling, waking and responsive rest

- Children are supported sensitively using familiar, safe and agreed approaches. They are never restrained, left to become distressed, or placed to sleep with a bottle or food.
- A child is not forced to sleep or remain on a bed or mat. Children who do not sleep are offered a calm, supervised alternative.
- On waking, the child is responded to promptly and supported to leave the sleep space safely. The sleep space is not used as a play area.
- Sleep start and finish times and any significant observations are shared with parents or carers on the same day.

10. Sleep during travel and outings

- A baby aged 12 months and under who falls asleep while travelling is transferred to their cot as soon as the setting is reached.
- A child over 12 months who falls asleep while travelling is, where possible, transferred promptly to their own clear, flat, firm sleep space.
- A child who falls asleep in a car seat is transferred as soon as the setting or suitable destination is reached. Car seats, buggies and lie-flat pushchairs are not used as the child's routine main sleep space.
- Hats and extra outdoor clothing are removed on coming indoors or entering a warm vehicle, even if this wakes the child.
- During an outing, staff maintain ratios, sight and hearing, temperature awareness and the outing risk assessment.

11. Medical needs, SEND and exceptional arrangements

Where a child may need a different sleeping position or arrangement for a medical reason, the Manager obtains current written advice from an appropriate regulated healthcare professional and agrees an individual healthcare and sleep plan with the family. A written risk assessment, staff briefing and management approval are required before implementation. Parental instruction alone is not sufficient to depart from safer-sleep practice.

Reasonable adjustments for SEND must preserve safeguarding and welfare. If proposed professional advice appears inconsistent with a mandatory EYFS requirement, the provider will seek advice from the local authority and/or Ofsted before agreeing the arrangement.

12. Hygiene and infection control

- Each child has individually allocated, clearly identified bedding. Bedding is not shared between children.
- Sheets and bedding are laundered at an appropriate temperature according to the setting's infection-control procedure and immediately when wet, soiled or contaminated. Clean bedding is stored dry and protected from contamination.
- Mattresses and sleep equipment are cleaned between users and in accordance with the manufacturer's instructions. Sleep areas are cleaned daily and whenever contaminated.
- Damaged, stained, distorted or poorly fitting mattresses, bedding or equipment are removed from use immediately and reported to the Manager.

13. Illness, incidents and emergencies

- If a child appears unwell or is difficult to rouse, staff immediately assess responsiveness and breathing, summon the paediatric-first-aid-trained practitioner, follow first-aid procedures and call 999 where required. The child is not left alone.
- Parents or carers are contacted and the incident, action and outcome are recorded. Safeguarding, RIDDOR, Ofsted and other notification duties are followed where applicable.
- Sleeping children are included in fire and emergency plans. Staff know how each child will be evacuated, and sleep-room occupancy and exits are never obstructed.
- Any near miss, equipment concern or departure from this policy is reported to the Manager immediately, reviewed and used to strengthen risk controls.

14. Training, assurance and records

Before supervising sleep, staff must receive induction and demonstrate understanding of:

- the 2026 EYFS safer-sleep rules and this policy;
- SIDS/SUDC risk reduction, positioning, bedding and temperature;
- age restrictions for cots, cradles and floor beds;
- continuous supervision, monitor limitations and recorded-check procedures;
- recognising deterioration and responding to emergencies; and
- individual plans, infection control, reporting and escalation.

Managers undertake documented practice observations and termly audits, with more frequent checks in baby rooms or following any concern. Evidence retained includes:

- individual sleep plans and parent information;
- daily sleep records and monitoring checks;
- room-temperature and equipment checks;
- approved-equipment register, product instructions, certificates and risk assessments;
- staff training, competency and policy acknowledgements; and
- incident, near-miss, audit and resulting action records.

Records are retained securely in line with Dottie Tots' retention schedule, safeguarding procedures and UK data-protection requirements.

15. Related Dottie Tots policies and procedures

- Safeguarding and Child Protection Policy
- Health and Safety Policy and site risk assessments
- Accident, Incident and First Aid Policy
- Infection Prevention and Control Policy
- SEND and Inclusion Policy
- Outings and Transport Policy
- Hot Weather Policy
- Staff Induction, Training and Supervision procedures
- Daily Sleep Check and Individual Sleep Plan forms

16. Monitoring and review

The Leadership and Management Team reviews this policy at least annually and sooner following a change in law or guidance, a safety alert, an incident or near miss, the introduction of new equipment, or an identified weakness in practice. Managers must not wait for the annual review to correct unsafe practice.

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